



Commit to your health.

# Grants and Quarterly Reports Update

**Call 1-877-278-8686, Participant PIN: 774368 For the Audio Portion of this Presentation**

**Michelle Ammerman, Interim Administrator  
February 2009**

<http://www.wyomingaging.org>



## Programmatic Goals and Priorities

Commit to your health.

1. Empower Wyoming's Older Adults, their families, and other consumers to make informed personal decisions about, and to be able to identify and easily access, existing social, legal, health and long-term care options and services.
2. Enable Wyoming's Older Adults to remain in their own homes and communities with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.
3. Empower Wyoming's Older Adults to stay active and healthy through programs and services administered by and funded through the Aging Division, including evidence-based health promotion and disease prevention programs.
4. Ensure the rights of Wyoming's Older Adults and prevent their abuse, neglect, and exploitation.
5. Commit to a culture of staff and provider excellence, clearly demonstrating impact and program effectiveness, and a strong sense of contribution in the provision of services to Wyoming's Older Adults.
6. Continually expand our knowledge of new and changing issues facing Wyoming's Older Adults, and properly respond to those issues.
7. Maintain consistent, effective, accountable and responsive management and stewardship of the public's resources.

## Array of Feedback on New Form(s)

- **Formal Letters Praising New Forms**
- **Phone Calls Expressing Appreciation**
- **Emails Expressing Frustration**
- **Phone Calls Expressing Frustration**

## We made a mistake...

- **The vast majority of the quarterly program reports were inaccurate**
  - Misunderstood
  - Not Clarified
  - Inconsistent with Grant Application Client Outcomes and Program Goals
  - Teacher/Student Analogy
- **My Goal – Communication and Provision of Services**
  - Get us all on the same page
  - Consistency in Feedback
  - Distribute the Funds

As the Interim Administrator for the Aging Division, the buck stops with me. I made a mistake. I apologize. I will do what is necessary to correct that mistake.



Commit to your health.

## **Will Submit Payment if Quarterly FISCAL Report is Accurate**

- **Those who did not have accurate fiscal reports notified in writing**
- **Payment process started ASAP for those fiscal reports that are correct**
- **Correct reports paid first**
  - First Correct In, First Correct Served/Out

Fiscal report must be correct for us to begin the payment process.



Commit to your health.

## **Continue to Work to Accurately Complete Quarterly Reports**

- **Contact with Aging Division Program Managers**
- **Assistance with Correlating Grant Application to Reports**
- **Continue using existing form**
  - Carry Over of Information Between Quarters
- **Contact Program Manager to Change information on Grant Application/Quarterly Reports**
  - Letter requesting change
  - Change indicated on Reporting Form
    - Revision Indicated
  - Sign and Date Revision

If you have turned in your Grant/Quarterly Report, and it is accepted, IT'S DONE. We will not ask for revisions.

If you must do a revision, it must be revised on the quarterly report form. The data in the form carries over between quarters for reporting.

## Win-Win

- **Funds Distributed**
- **Providers Paid**
- **Clients Served**



Contrary to what you may have heard – No, there is no BONUS to Aging Division Staff if we reject a Grant or Report – The bonus comes when they are all correct. We are salaried employees. We make the same amount if we work 40 hours a week or 80 hours a week.



Commit to your health.

## WHY ARE WE DOING THIS???

### Data Drives Dollars

- If we can't prove that our funding is having a far reaching effect, we are in jeopardy of losing that funding. If funds are the lifeblood of an organization, then information is its intelligence.
- Government Performance and Results Act of 1993 requires that all federal agencies measure the results of their programs and restructure their management practice to improve these results. Aging Division programs must also comply with this requirement.
- With federal funding shrinking, funders are now looking at how the funding changed outcomes and made a positive impact more than ever before.
- Human service providers are under increasing pressure to demonstrate that their programs work. As stakeholders demand accountability, providers are turning to performance measurement as a way of demonstrating the efficiency, quality, and effectiveness of their programs.

Aging Division Programs are not an entitlement. They come with specific rules relating to the persons targeted for services.





Commit to your health.

## Why all this talk about Client Outcomes???

- **FAR Part 37 requires the use of performance-based acquisition (PBA) and performance based contracting to the maximum extent practicable. Performance-based contracting (PBC) methods are intended to ensure that required performance quality levels are achieved and that total payment is related to the degree that services performed or outcomes achieved meet contract standards.**
- **Government Performance and Results Act of 1993 requires that all federal agencies measure the results of their programs and restructure their management practice to improve these results.**

### Federal Acquisition Regulation

Requirements for Aging Division oversight are part of the terms for us receiving and distributing the funds. We are not “making up” things to make processes for difficult or cumbersome. We do what we must do in order to secure and maintain the funding.

## Funding and Program Cuts

- **When Programs are on the chopping block, the programs that are cut first are those for which we have no data supporting our assertions.**

In these difficult financial times, contributions are down, fiscal cuts are up. Programs that can PROVE their effectiveness are much more likely to be funded than funds that assert their effectiveness but have no hard data to support that.



Commit to your health.

## Evidence Based Practice

Building disease prevention into community living through the use of low-cost, evidence-based programs

- **Continually we are reminded that our Programs are expected to adhere to and embrace evidence-based practice. The foundation of evidence-based practices is client outcomes. The decision to implement an evidence-based practice is based on its ability to help clients achieve the highest rates of positive outcomes. Collecting and using client outcome data improves organizational performance.**

Yes – Government programs are moving towards an Evidence Based Model.

The Older Americans Act gives instruction on implementing evidence based programs 13 times.

Every Administration on Aging publication contains a message about building disease prevention into community living through the use of low-cost, evidence based programs

These requirements are not new

## Assumptions

**You can lead a horse to water, but...**

- **We are assuming that persons served a meal actually eat it.**
- **We are assuming that persons who participate in socialization activities actually socialize.**

## What is...?

- **What is a Client?**
  - Who are your clients?
- **What is a Program?**
  - What programs do you administer on behalf of the Aging Division? On behalf of another funder?
  - Feds define as "any activity or series of activities undertaken by a federal agency or with federal financial assistance received or anticipated in any phase of an undertaking in accordance with the federal funding agency guidelines".
- **What is a Stakeholder?**
  - Who are your stakeholders?

Clients – Persons served by the Program.

Program – Funded program with individual services that benefit the client.

Stakeholders – Parties with a vested interest in the programs success.

## Clients vs. Stakeholders

- **Clients are the purpose for which the organization exists.**
- **Stakeholders are all those parties, internal and external, that came together for the purpose of satisfying client needs and in doing so expect some return for their effort.**
  - The Aging Division is a Stakeholder in your Organization.
- **A Client is a Stakeholder. A Stakeholder MAY be a Client.**

The Aging Division, your boards, the Federal Administration on Aging, your clients, your other funders... all are stakeholders in your organization.



Commit to your health.

## Client Outcomes vs. Program Goals

**Client Outcome – Intentional or unintentional result of an intervention or practice.**

**Program Goal – Is your program target or aspiration. It is a broad description of your program hopes.**

**Indicator – the factor(s) you track to measure your outcomes.**

Why do we care? We want to be sure we are meeting our mission.

We want to know if we are making a defensible difference in the lives of older adults. This has to have data attached.

We want to demonstrate sufficient evidence to stakeholders of program success or improvement efforts

To help us in Program Development and Continuous Quality Improvement. To help us evaluate what we do and how well we do it.

## What are Client Outcomes?

Commit to your health.

- **Client outcomes are those aspects of clients' lives that we seek to improve or to manage successfully through the delivery of services. It's the impact that the service has on that client. Some outcomes are the direct result of an intervention, such as getting a job through participation in a vocational program, whereas others are indirect, such as improvements in quality of life due to having a job. Some outcomes are concrete and observable, such as the number of days worked in a month, whereas others are subjective and private, such as satisfaction with vocational services.**
- **In Aging, this could translate to several things. For instance, the cause may be a Nutrition program with the activity "We serve nutritious Home Delivered Meals 2 times per day that contain the recommended dietary intake of needed nutrients". The effect may be "As a result, our clients are able to maintain their health and independent living status".**
- **Serving the meal is not the outcome, or the effect.**

Client Outcomes are specific to an individual.





Commit to your health.

## Providing the Service IS NOT the Client Outcome

- **Client outcomes are the bottom-line for services, like profit is in business. The service provided IS NOT the outcome. The outcome is the effect that the client experienced because the service was provided. We can think of it like a Cause and Effect.**
  - Program and Individual Services = Cause
  - Outcome = Effect
- **For Example – Diet is the Service, Weight Loss/Weight Gain/Weight Maintenance is the Outcome**
- What are some examples of current CLIENT OUTCOMES based on Aging Division programs?

Nutrition is the Program

The Meals, Education, etc. are the Services or Activities for the Program

The Outcome is the change that occurred to the client (e.g. Lower Blood Pressure)

Outcomes must be measured with Objective, not Subjective Data.

## Program Goals

- **Are your *goals* concise? – To assist in making goals concise, we limited the size of the boxes on the forms.**
- **Do your goals meet the needs and interests of your stakeholders?**

***RECAP - What is a Goal?***  
***Program Goal versus Client Outcome***

Serving 500 clients may be your program goal. It is not your client outcome. The client outcome is the impact that the services under the program had on that individual.

## Grant Questions

- **For this/these service(s), what are the outcomes (client results) you want to achieve through this program during this grant year?**
- **For this/these service(s), describe clearly how you will measure the outcomes (client results) for the program during the grant year, including any tools you will use.**
- **For this/these service(s), why are these outcomes important?**

## Grant Questions (continued)

- **What do you propose to do (your action plan) with the program funded with this grant during the grant period of October 1, 2008 through September 30, 2009?**
  - a. Outcome/Goal
    - A. Action Steps – Describe the steps you will take during this grant period to achieve the goal listed above.
    - B. Timeline – Describe when you will accomplish the steps listed above.



Wyoming  
Department  
of Health

Commit to your health.

## Grant Application

### ☒ c. Socialization

A. Describe the specific service(s) you will provide in this category.

Provide socialization: Opportunities to the eligible participants during the grant year include Friday night dinner and dance every other month during the next 12 months, Provision of activities that the majority of the clients enjoy and would like to see continue over time, for example pool, Wii, crafts, hobbies, entertainment, and special events

B. For this/these service(s), what are the outcomes (client results) you want to achieve through this program during this grant year?

1. Decreased Cognitive Decline
2. Decreased Isolation
3. Change in Socialization Pattern

C. For this/these service(s), describe clearly how you will measure the outcomes (client results) for this program during this grant year, including any tools you will use.

1. Decreased Cognitive Decline, Measurement Tool(s) – Memory Test Pre and Post
2. Decreased Isolation, Measurement Tool(s) – Event Participation Roster, Pre and Post; One on One Interview - Interview Question - In the past 12 months have you felt A: Very Isolated, B: Somewhat Isolated, C: Not Isolated, Pre and Post (or Upon Entry and Again after 12 months)
3. Change in Socialization Pattern, Measurement Tool(s) – Number of outside activities last 6 months, Pre and Post; One on One Interview - Interview Question - In the past 12 months have you been A: Very active in social activities, B: Somewhat active in social activities, C: Not active in social activities, Pre and Post (or Upon Entry and Again after 12 months)

D. For this/these service(s), why are these outcomes important?

Studies indicate that persons with a high level of social interaction have a decreased decline in cognitive abilities.  
Studies indicate that persons who are active in socialization activities have a lower rate of depression.  
Studies indicate that persons who are not socially active have more health problems than those who are not socially active.

Cause - Program	Cause - Implementation Steps (Services/Activities)	Effect (Outcome)
Socialization	<ol style="list-style-type: none"> <li>1. Organize Activity Planning Committee – Date 1-22-2009</li> <li>2. Hold 1<sup>st</sup> meeting, determine activities for upcoming year, audience, PR campaign for activities – Date 2-15-2009</li> <li>3. Develop Event Brochure – Date 3-1-2009</li> <li>4. Distribute Event Brochures to Clients, Physicians Offices, Post Ad in Paper, Post Ad on Cable Access Station – Date 3-15-2009</li> <li>5. Hold Memory Seminar Part 1 – Provide for memory testing of individuals at seminar – Date 4-15-2009</li> <li>6. 1<sup>st</sup> Activity – Spring Dance – Date 5-15-2009</li> <li>7. 2<sup>nd</sup> Activity – Fourth of July Picnic – Date 7-4-2009</li> <li>8. 3<sup>rd</sup> Activity – August Day Trip to Yellowstone National Park – Date 8-22-2009</li> <li>9. 4<sup>th</sup> Activity – Movie and Pizza Night – Date 9-28-2009</li> <li>10. 5<sup>th</sup> Activity – Halloween Dance – Date 10-31-2009</li> <li>11. Hold Memory Seminar Part 2 - Provide for 2<sup>nd</sup> memory test of individuals at seminar – Date 11-15-2009</li> </ol>	<p>Decreased Cognitive Decline, Measurement Tool – Memory Test Pre and Post</p> <p>Decreased Isolation, Measurement Tool – Event Participation Roster, Pre and Post</p> <p>Positive Change in Socialization Pattern, Measurement Tool – Number of outside activities last 6 months, Pre and Post</p>

The individual activities may be measured for effectiveness internally.

## Quarterly Report Questions

List the Client Outcome(s)	Explain Progress of the Client Outcome	
What Should Be Here?	If the Box is Gray, Fill it in.	
Grant Identified Goals	Progress on this Goal	Action Steps Accomplished

Provide progress on the goals (or revised goals) AND action steps listed on the 2009 grant application in question 5 for this program for the last three (3) months

## Measurement

### Subjective vs. Objective Measurement

- **Subjective Measurement is affected by a particular state of mind; results from the feelings of the subject emphasizing the ideas, thoughts or feelings of the person conducting the assessment**
- **Objective Measurement is without bias or prejudice. It reports facts which are substantiated and could again be substantiated by someone with no personal stake in the outcome.**

Subjective measurement is hard, if not impossible to prove. A subjective measurement may be “John is a nice guy”. This indicator could differ depending on who you ask this question of.



## Client Outcome Measurement

- **A client outcome must be able to be measured. If you indicate that the outcome is that the client “maintains their health”, can you measure this? If you indicate that the outcome is that the client “maintains an independent living status”, can you measure this? Measuring their independent living status is probably much more direct than measuring their health, but if you have a baseline in their health, measuring the change in that baseline can be accomplished. Measurement is how we “Prove It” when we are challenged on the effectiveness of a program.**

## Program Evaluation

- **Is your program *evidence based*?**
- **Does it promote *Quality and Positive Change*?**
- **Does it fit your *stakeholders* needs and interests?**
- **Is it Specific? Weight Loss – Losing One Pound – Success or Failure???**

**Methods: Surveys, focus groups, industry research, needs assessments, observations, partner research groups.**

You may already be able to use existing information - you are currently collecting information about the client such as nutritional risk, activities of daily living numbers and scores, instrumental activities of daily living numbers and scores, living alone, being a caregiver, age as related to how long a person has been on a particular service, pre and post questions for any activity that is being measured, surveys of clients, etc. ADLs and IADLs are specific measurable items. They are objective and can be tracked.

## Can You Prove It?

**If you cannot “Prove It”,  
DON’T Select it as a  
client outcome OR a  
program goal!**

You may only have 1, 2 or 3 outcomes or goals. If you have a selected a client outcome or program goal that is difficult to prove, select a different outcome.



## Whosa/Whatcha Game

Commit to your health.

Report Says...	Is this a Client Outcome?	Is this a Program Goal?	How would you prove it?
Serving 5000 Clients in Quarter 1			
5 Fewer Dr. Visits this Fiscal Year			
Client has Inner Peace			
Replace Carpet in Dining Room			
Client Likes Mashed Potatoes			
Client is Friendlier			
Getting Funding for a New Building			

If you think a result is a client outcome or a program goal, and you can justify, defend and prove that, we will consider it.

### Report Says...

Serving 5000 Clients in Quarter 1 – Program Goal – Sams, Meal Summaries

5 Fewer Dr. Visits this Fiscal Year – Client Outcome – Same data must exist for last fiscal year – One on One Survey – Results Documented and Maintained

Client has Inner Peace – COULD be a Client Outcome, however you could never prove this with OBJECTIVE Data.

Replace Carpet in Dining Room – Could be a Program Goal – Tie to Provision of Services

Client Likes Mashed Potatoes – Not a Client Outcome or a Program Goal.

Client is Friendlier - Not a Client Outcome, This is ENTIRELY subjective

Getting Funding for a New Building – Could be a Program Goal – Tie to Provision of Services

## Don't Reinvent the Wheel

- **Identify existing parameters and resources for collecting indicators**
- **Tools currently used for tracking progress**
  - Surveys
  - SAMS (WHY??? What are you measuring with SAMS?)
  - AGNES
  - One on One Interviews Documented
  - Trend Analysis
    - ADLs/IADLs

For the Tool you use, you need to know the who, what where, when, why and how.

What are you measuring?

How are you measuring?

What questions are you asking?

Are the questions remaining the same?

Why are you using this tool/question?

Etc...

Some tools have a myriad of information that you can use. You need to be specific on what you are going to use and HOW.



Commit to your health.

## How Many Subjects Do I Need for a Statistically Valid Survey?

### **Surveys acceptable measurement tool but...**

- **Should be at least 51% to be valid (Decreased Biased Sample)**
- **Random or All subjects surveyed**
- **Low Response rate is considered to be 25 to 40%**
- **Less than 25% unacceptable (not a true sample)**
- **Parameters established**
- **Questions Static in Survey Time Frame**

We have all been “surveyed to death”. Most of us dread them, unless there is an INCENTIVE involved (e.g. cash, free meal, free something, etc.)



Commit to your health.

## What is your Baseline Data?

**Baseline data – it is your state or position before implementing your program intervention. It is your starting point that helps to gauge program improvement.**

**In order to know where you are, you must know where you started.**

Imagine a School Teacher that each week has a new list of spelling words. To truly gauge how much they learn, she gives them a pre-test of all of the words that they will study that week. This pre-test established the baseline. At the end of the week, she gives them a final test, this establishes where they ended up.

Baseline assessment – State or position before the intervention activities are put in place.

Formative assessment - Formative assessment is generally carried out throughout a course or project. A formative assessment is used to aid learning. For instance, in an educational setting, formative assessment might be a teacher, providing feedback on a student's work, and would not necessarily be used for grading purposes. Formative assessment is what is happening when you are measuring the effectiveness of individual activities within a program.

Summative assessment - Summative assessment is generally carried out at the end of a specified time frame for a final assessment. For instance, in an educational setting, summative assessments are typically used to assign students a course grade. For an Aging Program, the final assessment of a client's outcome would be the summative assessment.



Wyoming  
Department  
of Health

## Sample Timeline

A Timeline is SPECIFIC. It has Specific Dates when activities will be performed. Those Dates are DEADLINES.

Commit to your health.

Action Steps	Due Date	Current Progress	Actual Date Completed
Conduct Baseline Survey	10-1-2008	Completed	11-15-2008
Conduct Focus Group Meeting re Spanish Brochure	11-20-2008	Focus Group Assembled. Meeting Held	11-22-2008
1 <sup>st</sup> Quarter Survey	12-25-2008	Delayed due to Building Flood, Holidays and availability of clients.	1-21-2009
Design Spanish Nutrition Brochure	12-15-2008	Worked with Focus Group to determine contents of Brochure in English. – Delayed due to Holidays and availability of Focus Group Members.	1-15-2009
2 <sup>nd</sup> Quarter Survey	3-17-2009	Planned – No Progress	
Translate Spanish Brochure	4-15-2009	Planned – No Progress	
3 <sup>rd</sup> Quarter Survey	6-25-2009	Planned – No Progress	
Distribute Spanish Brochure	7-1-2009	Planned – No Progress	
4 <sup>th</sup> Quarter and Final Survey	9-25-2009	Planned – No Progress	

Timelines correlate to action steps. They are specific to a date and activity.

“Within this grant year” is NOT a timeline.



## Questions

- **What is a Client Outcome?**
- **What is a Program Goal?**
- **How are they different?**
- **Who/What is the target of a Client Outcome?**
- **Who/What is the target of a Program Goal?**

Review – Do you know the Answers to these questions?

## Continued Training

- **Grant Training**
- **Training on Client Outcomes**
- **Training on New Procedures as Needed**
- **Individual Assistance**
- **Looking at putting some training in online module allowing Providers to take training as their time allows**

We will continue to provide training. We will look at putting some of the training online so you can take it at your leisure or as a refresher. Will also give new employees in Provider organizations the opportunity to review training when current live classes are not offered.

## Will Not...

- Have Grantee Assist in Design of Grant Application
- Have Grantee Assist in Design of Report Form

### **COMPETITIVE PROCESS – No Unfair Advantage**

- **What can be done to make this easier?**
  - We tell you the desired Outcomes for Clients for the Programs???
  - We tell you how to measure???
  - We design forms so information in original carries over to all future reports???

Overwhelmingly, we have heard that providers feel that it would be easier for them if we tell them the desired outcomes for clients, how to measure, etc. We are exploring ways to do this.

## Our Providers

- **127 Different Service Providers**
- **35 are Senior Centers contracted to provide multiple services**
- **6 are Senior Centers contracted to provide a single service**
- **There is no one size fits all. We cannot show favoritism for one provider over another.**

Not every decision that we have to make will be popular. We know this, but please understand that we have requirements that we must follow through on. Our providers will be affected by those requirements. We strive to do all we can to assist with these changes, but Change, nonetheless, is a necessity.



Wyoming  
Department  
of Health

Commit to your health.

## Discussion

**Programs have services.  
Services have impact.  
Impact is measured.**

*Aging Division*  
*Wyoming Department of Health*  
*6101 Yellowstone Road, Suite 259B*  
*Cheyenne, WY 82002*  
*307-777-7986*  
*Toll Free 1-800-442-2766*  
*Fax 307-777-5340*  
*<http://health.wyo.gov/aging>*

Programs have Services and Activities

Those Activities and Services will have impact on the client.

That impact creates the Client outcome.

Client outcome is measured using defensible, objective measurement tools.



Commit to your health.

**Thank you for your participation!**

**Please contact the Aging Division at**

**307-777-7986 or**

**1-800-442-2766**

**if you have any questions or need assistance**